

Request for Late Add

THE UNIVERSITY OF MICHIGAN
Division of Kinesiology, Office of Student Services
3745 Kinesiology Building
(734) 764-4472

DO NOT fill out this form if you are a GRADUATE STUDENT or RC STUDENT, even if the class you want to add is in Kinesiology. Instead, contact the advising center of your program and ask them about their ADD policy.

DO NOT fill out this form if you are enrolled in any other College, even if the class you want to add is in Kinesiology. Instead, contact the advising center of your school or program and ask them about their ADD policy.

DO fill out this form if it is after the third week of the term and you need to add a class.

Instructions: Complete both sides of this form. Return the **completed** form to the Office of Student Services (OSS), 3745 Kinesiology Building.

Printed Name: _____ UMID: _____

Email: _____ Local phone: _____

OSS Advisor: _____

Faculty Advisor: _____

Course you wish to add:

Subject	Catalog #	Section #	Hours	Term
(Example: English	125	003	3	.W06)

YOU MUST HAVE AN OVERRIDE TO ADD A COURSE LATE

Do you have an electronic override? Yes No

*You **must** have an electronic override whether the course is opened or closed. Any paper overrides must be taken the course departmental office.*

Will your credit load exceed 18 hours once the course is added? Yes No

Do you have questions or concerns about adding this course? Yes No

Advisors are always available to discuss your add with you, but **if you answered yes to either of the above questions, you MUST see an academic advisor before your add will be processed.** To make an appointment, call 764-4472 or visit the Office of Student Services, 3745 Kinesiology Building.

~OVER~

Both sides of this form must be completely filled out before it will be reviewed

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WHY ARE YOU ADDING THIS COURSE LATE?

WHAT WILL YOUR CURRENT SCHEDULE BE AFTER THIS CHANGE?

Course (e.g. English 125)	Credit Hours (e.g. 3)	Course (e.g. English 125)	Credit Hours (e.g. 3)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Credits Hours: _____

I understand the effect that adding this course may have on my program of studies.

Student Signature

Date

FOR KINESIOLOGY ACADEMIC ADVISING USE ONLY:

Date received: _____

Approved: Yes No Date: _____

Advisor signature: _____

Director of OSS Approval (when required)

Approved: Yes No Date: _____

Director of OSS signature: _____

~OVER~

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